

FIELD PLACEMENT INCIDENT REPORT FORM

In order to have a more comprehensive and ongoing assessment of student personal risk issues in the field, students are asked to complete the attached form when an accident occurs, when there is an incident involving personal threat or assault, or the risk of personal threat or assault, or when personal belongings are stolen while undertaking field internship assignments. The student should notify his/her field instructor and SSA field consultant when an incident occurs.

It is imperative to note that the purpose of this form is to collect data for risk management planning and in no way should substitute for the forms, processes or actions used by an agency, the school, and/or the university to respond to an incident.

Completed forms should be returned to the Field Education Office. If there are any questions, please call either Natalie Tilghman, Field Placement Coordinator (for EEP students), (773)702-1141; Bharathi Jayaram, Associate Director of Field Education, (773) 702-9418, or Nancy Chertok, Director of Field Education, Field Office at (773)702-1178.

School of Social Service Administration - University of Chicago

FIELD PLACEMENT INCIDENT REPORTING FORM

Name of Student _____ Date: _____

Field Placement: _____

Field Instructor: _____

Field Consultant: _____

Briefly describe the nature of the incident and what the response was (accident, stolen property, physical or verbal harm or threat of harm):

LOCATION OF INCIDENT:

- ___ Field agency office
- ___ Field agency building
- ___ Client's resident/property
- ___ Other community agency
- ___ In community/on street
- ___ Other

Day of Incident _____

Date of Incident _____

Time of Day _____

NATURE OF INCIDENT:

ACCIDENT

PHYSICAL ATTACK

THREAT OF HARM

VERBAL ABUSE

- ___ 1. Face to Face
- ___ 2. Telephone

THREAT

- ___ 1. Physical harm
- ___ 2. Damage to property

Method of Threat:

- ☐ A. Face to Face
- ☐ B. Written
- ☐ C. Telephone
- ☐ D. Third Party
- ☐ E. Other

DAMAGE OR LOSS OF PROPERTY (DESCRIBE) _____

Medical attention required? If so, please describe:

ALLEGED PERPETRATOR(S):

- ☐ 1. Client
- ☐ 2. Client's Spouse
- ☐ 3. Client's friend
- ☐ 4. Stranger(s)

- ☐ 5. Staff member
 - ☐ 6. Agency employee
 - ☐ 7. Other _____
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STAFF/OTHERS INVOLVED IN INCIDENT:

_____ 1. YES _____ 2. NO

IF YES, WHO? (give name and position of person(s) involved, if known)

WITNESS(ES): (If there were any witnesses, describe and/or give name(s) if known)

PERSONS INFORMED: (check all that apply)

- ___ 1. Field Instructor
- ___ 2. Agency Administrator
- ___ 3. Agency Staff
- ___ 4. Faculty Liaison
- ___ 5. Director of Field Instruction
- ___ 6. Other _____

POLICE INVOLVEMENT:

- ___ 1. Police called following incident
- ___ 2. Security person with staff at time of incident
- ___ 3. Perpetrator arrested
- ___ 4. Police report filed

Do you feel the incident was satisfactorily resolved?

Do you feel safe returning to your field placement?

Additional follow-up requested:

Submitted by:

Date Written:

Date Received